

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

FREEDOM FRONTIER ACTION NETWORK

ADDRESS (number and street)

4790 CAUGHLIN PARKWAY #767

☐ Check if different than previously reported. (ACC)

RENO

NV

89519

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00496372

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☒ Primary (12P)☐ General (12G)☐ Runoff (12R)☐ Convention (12C)☐ Special (12S)

Election on

M M M /

D D D /

Y Y Y Y Y Y

05

13

2014

in the  
State of

WV

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y

04

01

2014

through

M M M /

D D D /

Y Y Y Y Y Y

04

23

2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Scott Bensing

Signature of Treasurer

Scott Bensing

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y

05

01

2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

FREEDOM FRONTIER ACTION NETWORK

Report Covering the Period: From: M M / D D / Y Y Y Y 04 / 01 / 2014 To: M M / D D / Y Y Y Y 04 / 23 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y</span> 2014		136.00
(b) Cash on Hand at Beginning of Reporting Period.....	94.00	
(c) Total Receipts (from Line 19) .....	90000.00	90000.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	90094.00	90136.00
7. Total Disbursements (from Line 31) .....	72391.61	72433.61
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	17702.39	17702.39
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**FREEDOM FRONTIER ACTION NETWORK**

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
04	/	01	/	2014

To:

M M	/	D D	/	Y Y Y Y
04	/	23	/	2014

**I. Receipts**
**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

90000.00

90000.00

(ii) Unitemized .....

0.00

0.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

90000.00

90000.00

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ..... ▶

90000.00

90000.00

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

## 19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c)) ..... ▶

90000.00

90000.00

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ..... ▶

90000.00

90000.00

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	4511.44	4553.44
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	4511.44	4553.44
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	67880.17	67880.17
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	72391.61	72433.61
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	72391.61	72433.61

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	90000.00	90000.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	90000.00	90000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	4511.44	4553.44
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	4511.44	4553.44

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 27  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**FREEDOM FRONTIER ACTION NETWORK**

Full Name (Last, First, Middle Initial)

## **A. Boston Holding Co LLC**

Mailing Address One Boston Place

City State Zip Code  
 Boston MA 02108

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 04 / 04 / 2014

**Transaction ID : SA11AI.4225**

Amount of Each Receipt this Period

15000.00

Full Name (Last, First, Middle Initial)

## **B. Capitol Hill Lists LLC**

Mailing Address 1252 Rambling Rill Cir

City State Zip Code  
 Statham GA 30666

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 04 / 01 / 2014

**Transaction ID : SA11AI.4192**

Amount of Each Receipt this Period

25000.00

Full Name (Last, First, Middle Initial)

## **C. Capitol Hill Lists LLC**

Mailing Address 1252 Rambling Rill Cir

City State Zip Code  
 Statham GA 30666

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 04 / 11 / 2014

**Transaction ID : SA11AI.4216**

Amount of Each Receipt this Period

25000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

65000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 7 OF 27

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**FREEDOM FRONTIER ACTION NETWORK**

Full Name (Last, First, Middle Initial)

## **A. HSP Direct LLC**

Mailing Address 13755 Sunrise Valley Drive  
Ste 450

City State Zip Code  
Herndon VA 20171

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 07 / 2014

**Transaction ID : SA11AI.4193**

Amount of Each Receipt this Period

25000.00

Full Name (Last, First, Middle Initial)

## **B.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

## **C.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

25000.00

90000.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 8 OF 27

☒ 21b   ☐ 22   ☐ 23   ☐ 24   ☐ 25   ☐ 26  
☐ 27   ☐ 28a   ☐ 28b   ☐ 28c   ☐ 29   ☐ 30b

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NAME OF COMMITTEE (In Full)

**FREEDOM FRONTIER ACTION NETWORK**

Full Name (Last, First, Middle Initial)

**A. Gober Hilgers PLLC**Mailing Address 2101 Cedar Springs Road  
Suite 1050

City Dallas State TX Zip Code 75201

Purpose of Disbursement  
Legal Services

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y  
04 / 16 / 2014**Transaction ID : SB21B.4226**

Amount of Each Disbursement this Period

587.50

Full Name (Last, First, Middle Initial)

**B. Gober Hilgers PLLC**Mailing Address 2101 Cedar Springs Road  
Suite 1050

City Dallas State TX Zip Code 75201

Purpose of Disbursement  
Legal Services

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y  
04 / 16 / 2014**Transaction ID : SB21B.4227**

Amount of Each Disbursement this Period

659.29

Full Name (Last, First, Middle Initial)

**C. Gober Hilgers PLLC**Mailing Address 2101 Cedar Springs Road  
Suite 1050

City Dallas State TX Zip Code 75201

Purpose of Disbursement  
Legal Services

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y  
04 / 16 / 2014**Transaction ID : SB21B.4228**

Amount of Each Disbursement this Period

30.00

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1276.79

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 9 OF 27

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**FREEDOM FRONTIER ACTION NETWORK**

Full Name (Last, First, Middle Initial)

**A. Gober Hilgers PLLC**Mailing Address 2101 Cedar Springs Road  
Suite 1050

City Dallas State TX Zip Code 75201

Purpose of Disbursement  
Legal Services

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y  
04 / 16 / 2014**Transaction ID : SB21B.4229**

Amount of Each Disbursement this Period

387.00

Full Name (Last, First, Middle Initial)

**B. Gober Hilgers PLLC**Mailing Address 2101 Cedar Springs Road  
Suite 1050

City Dallas State TX Zip Code 75201

Purpose of Disbursement  
Legal Services

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y  
04 / 16 / 2014**Transaction ID : SB21B.4231**

Amount of Each Disbursement this Period

307.65

Full Name (Last, First, Middle Initial)

**C. Gober Hilgers PLLC**Mailing Address 2101 Cedar Springs Road  
Suite 1050

City Dallas State TX Zip Code 75201

Purpose of Disbursement  
Legal Services

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y  
04 / 16 / 2014**Transaction ID : SB21B.4232**

Amount of Each Disbursement this Period

90.00

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

784.65

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 10 OF 27

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**FREEDOM FRONTIER ACTION NETWORK**

Full Name (Last, First, Middle Initial)

**A. Gober Hilgers PLLC**Mailing Address 2101 Cedar Springs Road  
Suite 1050

City Dallas State TX Zip Code 75201

Purpose of Disbursement  
Legal Services

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		16		2014

**Transaction ID : SB21B.4233**

Amount of Each Disbursement this Period

94.00
-------

Full Name (Last, First, Middle Initial)

**B. Gober Hilgers PLLC**Mailing Address 2101 Cedar Springs Road  
Suite 1050

City Dallas State TX Zip Code 75201

Purpose of Disbursement  
Legal Services

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		16		2014

**Transaction ID : SB21B.4235**

Amount of Each Disbursement this Period

90.00
-------

Full Name (Last, First, Middle Initial)

**C. Gober Hilgers PLLC**Mailing Address 2101 Cedar Springs Road  
Suite 1050

City Dallas State TX Zip Code 75201

Purpose of Disbursement  
Legal Services

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		16		2014

**Transaction ID : SB21B.4236**

Amount of Each Disbursement this Period

204.50
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

388.50
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 11 OF 27

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**FREEDOM FRONTIER ACTION NETWORK**

Full Name (Last, First, Middle Initial)

**A. Gober Hilgers PLLC**Mailing Address 2101 Cedar Springs Road  
Suite 1050

City Dallas State TX Zip Code 75201

Purpose of Disbursement  
Legal Services

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
04 / 16 / 2014**Transaction ID : SB21B.4237**

Amount of Each Disbursement this Period

60.00

Full Name (Last, First, Middle Initial)

**B. Gober Hilgers PLLC**Mailing Address 2101 Cedar Springs Road  
Suite 1050

City Dallas State TX Zip Code 75201

Purpose of Disbursement  
Legal Services

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
04 / 16 / 2014**Transaction ID : SB21B.4238**

Amount of Each Disbursement this Period

69.50

Full Name (Last, First, Middle Initial)

**C. Gober Hilgers PLLC**Mailing Address 2101 Cedar Springs Road  
Suite 1050

City Dallas State TX Zip Code 75201

Purpose of Disbursement  
Legal Services

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
04 / 16 / 2014**Transaction ID : SB21B.4239**

Amount of Each Disbursement this Period

129.50

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

259.00

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

FREEDOM FRONTIER ACTION NETWORK

Category/  
Type

294.50

Category/  
Type

Age Group	Percentage
18-24	28.00
25-34	25.00
35-44	22.00
45-54	18.00
55-64	15.00
65-74	12.00
75-84	10.00
85+	5.00

Category/  
Type

Age Group	Percentage
18-24	45.00
25-34	35.00
35-44	15.00
45-54	5.00
55-64	5.00
65-74	5.00
75+	5.00

369.50

**TOTAL** This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 13 OF 27

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**FREEDOM FRONTIER ACTION NETWORK**

Full Name (Last, First, Middle Initial)

**A. Gober Hilgers PLLC**Mailing Address 2101 Cedar Springs Road  
Suite 1050

City Dallas State TX Zip Code 75201

Purpose of Disbursement  
Legal Services

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
04 / 16 / 2014**Transaction ID : SB21B.4244**

Amount of Each Disbursement this Period

210.00

Full Name (Last, First, Middle Initial)

**B. Gober Hilgers PLLC**Mailing Address 2101 Cedar Springs Road  
Suite 1050

City Dallas State TX Zip Code 75201

Purpose of Disbursement  
Legal Services

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
04 / 16 / 2014**Transaction ID : SB21B.4245**

Amount of Each Disbursement this Period

195.00

Full Name (Last, First, Middle Initial)

**C. Gober Hilgers PLLC**Mailing Address 2101 Cedar Springs Road  
Suite 1050

City Dallas State TX Zip Code 75201

Purpose of Disbursement  
Legal Services

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
04 / 16 / 2014**Transaction ID : SB21B.4246**

Amount of Each Disbursement this Period

150.00

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

555.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 14 OF 27

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**FREEDOM FRONTIER ACTION NETWORK**

Full Name (Last, First, Middle Initial)

**A. Gober Hilgers PLLC**Mailing Address 2101 Cedar Springs Road  
Suite 1050

City Dallas State TX Zip Code 75201

Purpose of Disbursement  
Legal Services

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
04 / 16 / 2014**Transaction ID : SB21B.4247**

Amount of Each Disbursement this Period

454.00

Full Name (Last, First, Middle Initial)

**B. Gober Hilgers PLLC**Mailing Address 2101 Cedar Springs Road  
Suite 1050

City Dallas State TX Zip Code 75201

Purpose of Disbursement  
Legal Services

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
04 / 16 / 2014**Transaction ID : SB21B.4249**

Amount of Each Disbursement this Period

229.00

Full Name (Last, First, Middle Initial)

**C. Majority Strategies Inc**Mailing Address 135 Professional Dr  
Ste 104

City Ponte Vedra Beach State FL Zip Code 32082

Purpose of Disbursement  
Web Domain

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
04 / 22 / 2014**Transaction ID : SB21B.4264**

Amount of Each Disbursement this Period

150.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

833.00

4466.44

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 15 OF 27

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**FREEDOM FRONTIER ACTION NETWORK**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Gober Hilgers PLLC**Nature of Debt (Purpose):  
Legal ServicesMailing Address 2101 Cedar Springs Road  
Suite 1050City State Zip Code  
Dallas TX 75201

Outstanding Balance Beginning This Period

587.50

Transaction ID : SD10.4121

Amount Incurred This Period

0.00

Payment This Period

587.50

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Gober Hilgers PLLC**Nature of Debt (Purpose):  
Legal ServicesMailing Address 2101 Cedar Springs Road  
Suite 1050City State Zip Code  
Dallas TX 75201

Outstanding Balance Beginning This Period

659.29

Transaction ID : SD10.4127

Amount Incurred This Period

0.00

Payment This Period

659.29

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Gober Hilgers PLLC**Nature of Debt (Purpose):  
Legal ServicesMailing Address 2101 Cedar Springs Road  
Suite 1050City State Zip Code  
Dallas TX 75201

Outstanding Balance Beginning This Period

30.00

Transaction ID : SD10.4126

Amount Incurred This Period

0.00

Payment This Period

30.00

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

0.00

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

0.00

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 16 OF 27

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**FREEDOM FRONTIER ACTION NETWORK**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Gober Hilgers PLLC**Nature of Debt (Purpose):  
Legal ServicesMailing Address 2101 Cedar Springs Road  
Suite 1050City State Zip Code  
Dallas TX 75201

Outstanding Balance Beginning This Period

387.00

Transaction ID : SD10.4131

Amount Incurred This Period

0.00

Payment This Period

387.00

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Gober Hilgers PLLC**Nature of Debt (Purpose):  
Legal ServicesMailing Address 2101 Cedar Springs Road  
Suite 1050City State Zip Code  
Dallas TX 75201

Outstanding Balance Beginning This Period

307.65

Transaction ID : SD10.4132

Amount Incurred This Period

0.00

Payment This Period

307.65

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Gober Hilgers PLLC**Nature of Debt (Purpose):  
Legal ServicesMailing Address 2101 Cedar Springs Road  
Suite 1050City State Zip Code  
Dallas TX 75201

Outstanding Balance Beginning This Period

90.00

Transaction ID : SD10.4137

Amount Incurred This Period

0.00

Payment This Period

90.00

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

0.00

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

0.00

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 17 OF 27

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**FREEDOM FRONTIER ACTION NETWORK**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Gober Hilgers PLLC**Nature of Debt (Purpose):  
Legal ServicesMailing Address 2101 Cedar Springs Road  
Suite 1050City State Zip Code  
Dallas TX 75201

Outstanding Balance Beginning This Period

94.00

Transaction ID : SD10.4139

Amount Incurred This Period

0.00

Payment This Period

94.00

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Gober Hilgers PLLC**Nature of Debt (Purpose):  
Legal ServicesMailing Address 2101 Cedar Springs Road  
Suite 1050City State Zip Code  
Dallas TX 75201

Outstanding Balance Beginning This Period

90.00

Transaction ID : SD10.4140

Amount Incurred This Period

0.00

Payment This Period

90.00

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Gober Hilgers PLLC**Nature of Debt (Purpose):  
Legal ServicesMailing Address 2101 Cedar Springs Road  
Suite 1050City State Zip Code  
Dallas TX 75201

Outstanding Balance Beginning This Period

204.50

Transaction ID : SD10.4148

Amount Incurred This Period

0.00

Payment This Period

204.50

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

0.00

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

0.00

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 18 OF 27

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**FREEDOM FRONTIER ACTION NETWORK**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Gober Hilgers PLLC**Nature of Debt (Purpose):  
Legal ServicesMailing Address 2101 Cedar Springs Road  
Suite 1050City State Zip Code  
Dallas TX 75201

Outstanding Balance Beginning This Period

60.00

Transaction ID : SD10.4150

Amount Incurred This Period

0.00

Payment This Period

60.00

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Gober Hilgers PLLC**Nature of Debt (Purpose):  
Legal ServicesMailing Address 2101 Cedar Springs Road  
Suite 1050City State Zip Code  
Dallas TX 75201

Outstanding Balance Beginning This Period

69.50

Transaction ID : SD10.4160

Amount Incurred This Period

0.00

Payment This Period

69.50

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Gober Hilgers PLLC**Nature of Debt (Purpose):  
Legal ServicesMailing Address 2101 Cedar Springs Road  
Suite 1050City State Zip Code  
Dallas TX 75201

Outstanding Balance Beginning This Period

129.50

Transaction ID : SD10.4159

Amount Incurred This Period

0.00

Payment This Period

129.50

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

0.00

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

0.00

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 19 OF 27

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**FREEDOM FRONTIER ACTION NETWORK**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Gober Hilgers PLLC**Nature of Debt (Purpose):  
Legal ServicesMailing Address 2101 Cedar Springs Road  
Suite 1050City State Zip Code  
Dallas TX 75201

Outstanding Balance Beginning This Period

294.50

Transaction ID : SD10.4171

Amount Incurred This Period

0.00

Payment This Period

294.50

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Gober Hilgers PLLC**Nature of Debt (Purpose):  
Legal ServicesMailing Address 2101 Cedar Springs Road  
Suite 1050City State Zip Code  
Dallas TX 75201

Outstanding Balance Beginning This Period

30.00

Transaction ID : SD10.4173

Amount Incurred This Period

0.00

Payment This Period

30.00

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Gober Hilgers PLLC**Nature of Debt (Purpose):  
Legal ServicesMailing Address 2101 Cedar Springs Road  
Suite 1050City State Zip Code  
Dallas TX 75201

Outstanding Balance Beginning This Period

45.00

Transaction ID : SD10.4174

Amount Incurred This Period

0.00

Payment This Period

45.00

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

0.00

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

0.00

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 20 OF 27

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**FREEDOM FRONTIER ACTION NETWORK**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Gober Hilgers PLLC**Nature of Debt (Purpose):  
Legal ServicesMailing Address 2101 Cedar Springs Road  
Suite 1050City State Zip Code  
Dallas TX 75201

Outstanding Balance Beginning This Period

210.00

Transaction ID : SD10.4177

Amount Incurred This Period

0.00

Payment This Period

210.00

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Gober Hilgers PLLC**Nature of Debt (Purpose):  
Legal ServicesMailing Address 2101 Cedar Springs Road  
Suite 1050City State Zip Code  
Dallas TX 75201

Outstanding Balance Beginning This Period

195.00

Transaction ID : SD10.4181

Amount Incurred This Period

0.00

Payment This Period

195.00

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Gober Hilgers PLLC**Nature of Debt (Purpose):  
Legal ServicesMailing Address 2101 Cedar Springs Road  
Suite 1050City State Zip Code  
Dallas TX 75201

Outstanding Balance Beginning This Period

150.00

Transaction ID : SD10.4183

Amount Incurred This Period

0.00

Payment This Period

150.00

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

0.00

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

0.00

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 21 OF 27

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**FREEDOM FRONTIER ACTION NETWORK**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Gober Hilgers PLLC**Nature of Debt (Purpose):  
Legal ServicesMailing Address 2101 Cedar Springs Road  
Suite 1050City State Zip Code  
Dallas TX 75201

Outstanding Balance Beginning This Period

454.00

Transaction ID : SD10.4187

Amount Incurred This Period

0.00

Payment This Period

454.00

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)..... ►

0.00

2) **TOTALS** This Period (last page this line number only)..... ►

0.00

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

0.00

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 22 OF 27  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>FREEDOM FRONTIER ACTION NETWORK</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00496372
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>Majority Strategies Inc</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>04 / 11 / 2014</b>	
Mailing Address 135 Professional Dr Ste 104		Amount <b>6263.07</b>	
City Ponte Vedra Beach	State FL	Zip Code 32082	Transaction ID : <b>SE.4195</b>
Purpose of Expenditure Printig Postage and Shipping	Category/ Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>04 / 08 / 2014</b>	
Name of Federal Candidate <b>ALEXANDER XAVIER MOONEY</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Office Sought: <input checked="" type="checkbox"/> House District: <b>02</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>WV</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Majority Strategies Inc</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>04 / 14 / 2014</b>	
Mailing Address 135 Professional Dr Ste 104		Amount <b>5815.77</b>	
City Ponte Vedra Beach	State FL	Zip Code 32082	Transaction ID : <b>SE.4198</b>
Purpose of Expenditure Printing Postage and Shipping	Category/ Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>04 / 08 / 2014</b>	
Name of Federal Candidate <b>ALEXANDER XAVIER MOONEY</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Office Sought: <input checked="" type="checkbox"/> House District: <b>02</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>WV</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>12078.84</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Scott Bensing*
*[Electronically Filed]*

Date

 MM / DD / YYYY  
**05 / 01 / 2014**

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 23 OF 27  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>FREEDOM FRONTIER ACTION NETWORK</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00496372	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee <b>Majority Strategies Inc</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>04 / 18 / 2014</b>	
Mailing Address 135 Professional Dr Ste 104		Amount <b>3642.49</b>	
City Ponte Vedra Beach	State FL	Zip Code 32082	Transaction ID : <b>SE.4199</b>
Purpose of Expenditure Postage and Shipping	Category/ Type <b>004</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>04 / 08 / 2014</b>	
Name of Federal Candidate <b>ALEXANDER XAVIER MOONEY</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Office Sought: <input type="checkbox"/> President <input type="checkbox"/> Senate		District: <b>02</b> State: <b>WV</b>	
Calendar Year-To-Date Per Election for Office Sought <b>15721.33</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Majority Strategies Inc</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>04 / 21 / 2014</b>	
Mailing Address 135 Professional Dr Ste 104		Amount <b>2976.50</b>	
City Ponte Vedra Beach	State FL	Zip Code 32082	Transaction ID : <b>SE.4200</b>
Purpose of Expenditure Postage and Shipping	Category/ Type <b>004</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>04 / 08 / 2014</b>	
Name of Federal Candidate <b>ALEXANDER XAVIER MOONEY</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Office Sought: <input type="checkbox"/> President <input type="checkbox"/> Senate		District: <b>02</b> State: <b>WV</b>	
Calendar Year-To-Date Per Election for Office Sought <b>18697.83</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<b>6618.99</b>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Scott Bensing</i>		Date M M M / D D D / Y Y Y Y Y Y <b>05 / 01 / 2014</b>	
		[Electronically Filed]	

C C00496372

Three 7-segment displays are shown, each with a different date format. The first display shows '04' with 'M' above the top-left and top-right segments. The second display shows '21' with 'D' above the top-left and top-right segments. The third display shows '2014' with 'Y' above each of the four digit positions.

6172.22

Category/ Type	004
-------------------	-----

Office Sought: ☒ House District: 02  
☐ President ☐ Senate State: WV

24870.05

Disbursement For: ☒ Primary ☐ General  
2014 ☐ Other (specify) ▶

6850.94

Category/ Type	004
-------------------	-----

Office Sought: ☒ House District: 02  
☐ President ☐ Senate State: WV

31720.99

Disbursement For: ☒ Primary ☐ General  
2014 ☐ Other (specify) ▶

13023.16

05 / 01 / 2014

FEC Schedule E (Form 3X) Rev. 09/2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 25 OF 27  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>FREEDOM FRONTIER ACTION NETWORK</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00496372       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>		

Full Name of Payee <b>Majority Strategies Inc</b>		Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 04 / 23 / 2014	
Mailing Address 135 Professional Dr Ste 104		Amount <span style="border: 1px solid black; padding: 2px;">4316.63</span>	
City Ponte Vedra Beach	State FL	Zip Code 32082	Transaction ID : <b>SE.4210</b>
Purpose of Expenditure Postage and Shipping	Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 04 / 14 / 2014	
Name of Federal Candidate ALEXANDER XAVIER MOONEY		<input checked="" type="checkbox"/> Support    Office Sought: <input checked="" type="checkbox"/> House    District: <u>02</u> <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>WV</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">36037.62</span>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <b>Majority Strategies Inc</b>		Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 04 / 28 / 2014	
Mailing Address 135 Professional Dr Ste 104		Amount <span style="border: 1px solid black; padding: 2px;">3592.49</span>	
City Ponte Vedra Beach	State FL	Zip Code 32082	Transaction ID : <b>SE.4211</b>
Purpose of Expenditure Postage and Shipping	Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 04 / 14 / 2014	
Name of Federal Candidate ALEXANDER XAVIER MOONEY		<input checked="" type="checkbox"/> Support    Office Sought: <input checked="" type="checkbox"/> House    District: <u>02</u> <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>WV</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">39630.11</span>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;">7909.12</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....▶	<span style="border: 1px solid black; padding: 2px;"></span>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"></span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Scott Bensing*
*[Electronically Filed]*

Date

MM / DD / YYYY  
 05 / 01 / 2014

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 26 OF 27  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>FREEDOM FRONTIER ACTION NETWORK</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00496372
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>Majority Strategies Inc</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>04 / 23 / 2014</b>
Mailing Address 135 Professional Dr Ste 104		Amount <b>8424.34</b>
City Ponte Vedra Beach	State FL	Zip Code 32082
Purpose of Expenditure Printing Postage and Shipping	Category/ Type <b>004</b>	Transaction ID : <b>SE.4212</b> Date of Disbursement or Obligation MM / DD / YYYY <b>04 / 16 / 2014</b>
Name of Federal Candidate <b>ALEXANDER XAVIER MOONEY</b>		Office Sought: <input checked="" type="checkbox"/> House District: <b>02</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>WV</b>
Calendar Year-To-Date Per Election for Office Sought <b>48054.45</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Majority Strategies Inc</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>04 / 30 / 2014</b>
Mailing Address 135 Professional Dr Ste 104		Amount <b>5700.69</b>
City Ponte Vedra Beach	State FL	Zip Code 32082
Purpose of Expenditure Postage and Shipping	Category/ Type <b>004</b>	Transaction ID : <b>SE.4213</b> Date of Disbursement or Obligation MM / DD / YYYY <b>04 / 16 / 2014</b>
Name of Federal Candidate <b>ALEXANDER XAVIER MOONEY</b>		Office Sought: <input checked="" type="checkbox"/> House District: <b>02</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>WV</b>
Calendar Year-To-Date Per Election for Office Sought <b>53755.14</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>14125.03</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Scott Bensing

[Electronically Filed]

Date

MM / DD / YYYY  
**05 / 01 / 2014**

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 27 OF 27  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>FREEDOM FRONTIER ACTION NETWORK</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00496372       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee <b>Majority Strategies Inc</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>04 / 25 / 2014</b>	
Mailing Address 135 Professional Dr Ste 104		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">8424.34</div>	
City Ponte Vedra Beach	State FL	Zip Code 32082	<b>Transaction ID : SE.4214</b> Date of Disbursement or Obligation MM / DD / YYYY <b>04 / 16 / 2014</b>
Purpose of Expenditure Printing Postage and Shipping		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	
Name of Federal Candidate ALEXANDER XAVIER MOONEY		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: <u>02</u> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>WV</u>
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">62179.48</div>	
		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Majority Strategies Inc</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>04 / 16 / 2014</b>	
Mailing Address 135 Professional Dr Ste 104		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">5700.69</div>	
City Ponte Vedra Beach	State FL	Zip Code 32082	<b>Transaction ID : SE.4215</b> Date of Disbursement or Obligation MM / DD / YYYY <b>04 / 16 / 2014</b>
Purpose of Expenditure Postage and Shipping		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	
Name of Federal Candidate ALEXANDER XAVIER MOONEY		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: <u>02</u> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>WV</u>
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">67880.17</div>	
		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">14125.03</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">67880.17</div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Scott Bensing*
*[Electronically Filed]*

Date

 MM / DD / YYYY  
**05 / 01 / 2014**

Signature